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SIR:

Transmitted herewith in the application of:

APPLICANT: Catherine E. Korfanty Sheets) ART UNIT:

SERIAL NO.: 09/925,877) EXAMINER:

FILED: 08/09/2001)

COPY OF PAPERS
ORIGINALLY FILED

Enclosed are:

1. Notice to file corrected application papers
2. Drawing Sheets with appropriate margins

Respectfully submitted,

Lawrence L. Carnes

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CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Comm. of Patents & Trademarks, Washington DC 20231 on or before November 13, 2001.

Lawrence L. Carnes
Lawrence L. Carnes

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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/925,877	08/09/2001	Catherine Elizabeth Korfanty Sheets	4676

CONFIRMATION NO. 6178

FORMALITIES LETTER



OC000000006556615

Carnes, Cona & Dixon
Innovation Park
1673 West Paul Dirac Drive
Tallahassee, FL 32310-3763

Date Mailed: 09/14/2001

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given **TWO MONTHS** from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a)

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

**UNITED STATES PATENT AND TRADEMARK OFFICE
DOCUMENT CLASSIFICATION BARCODE SHEET**



Level - 2
Version 1.1
Updated - 8/01/01

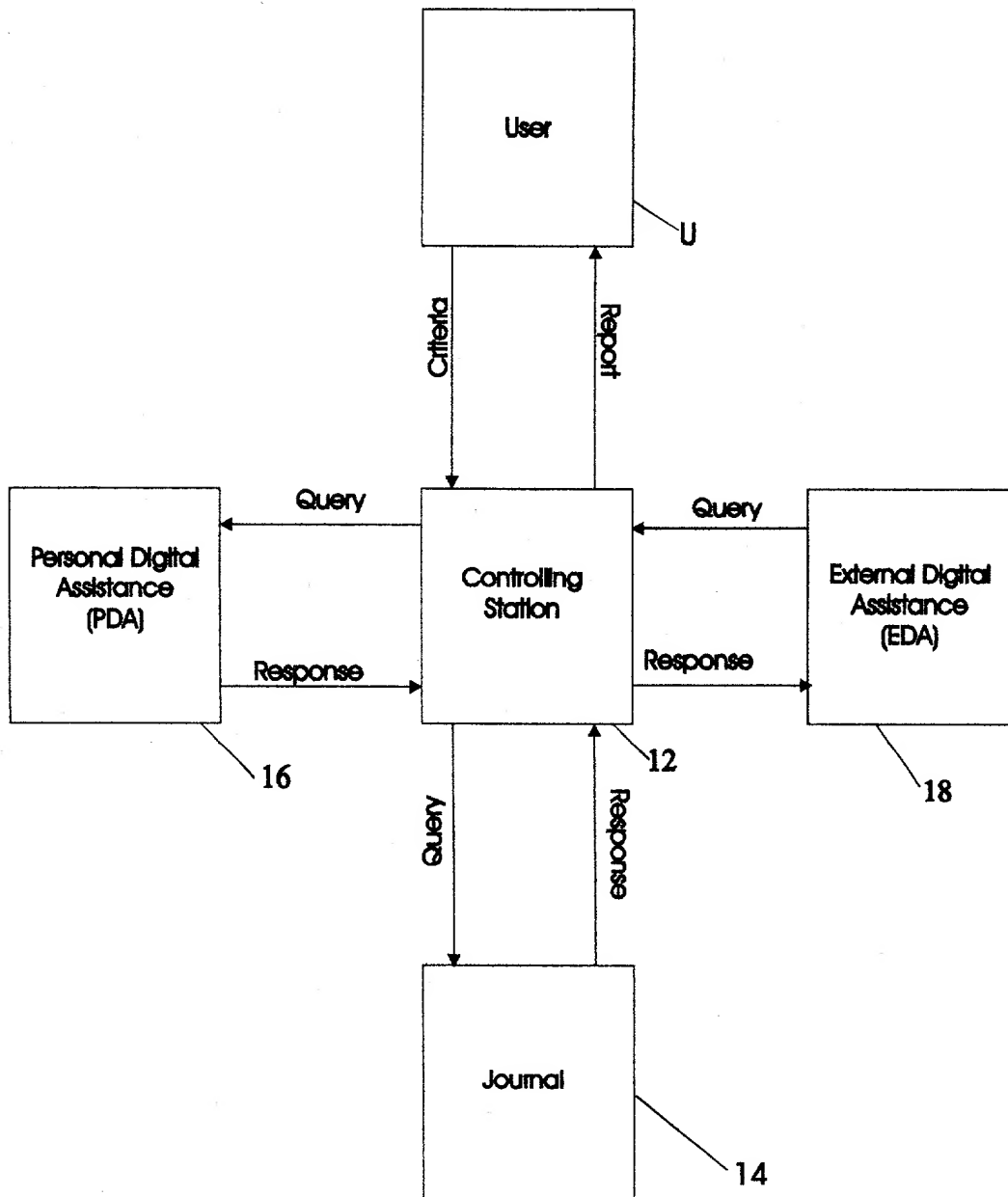


Fig. 1

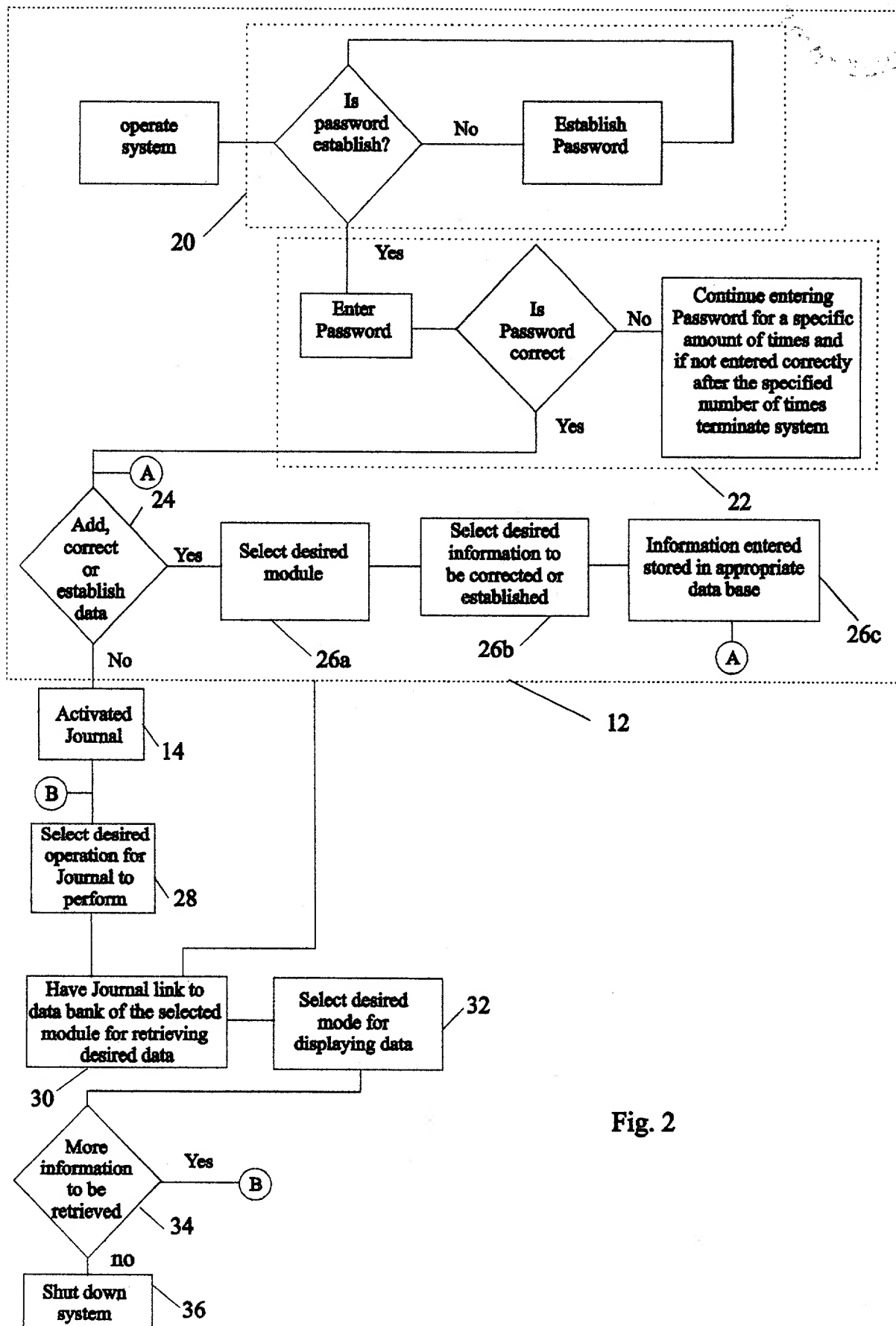


Fig. 2

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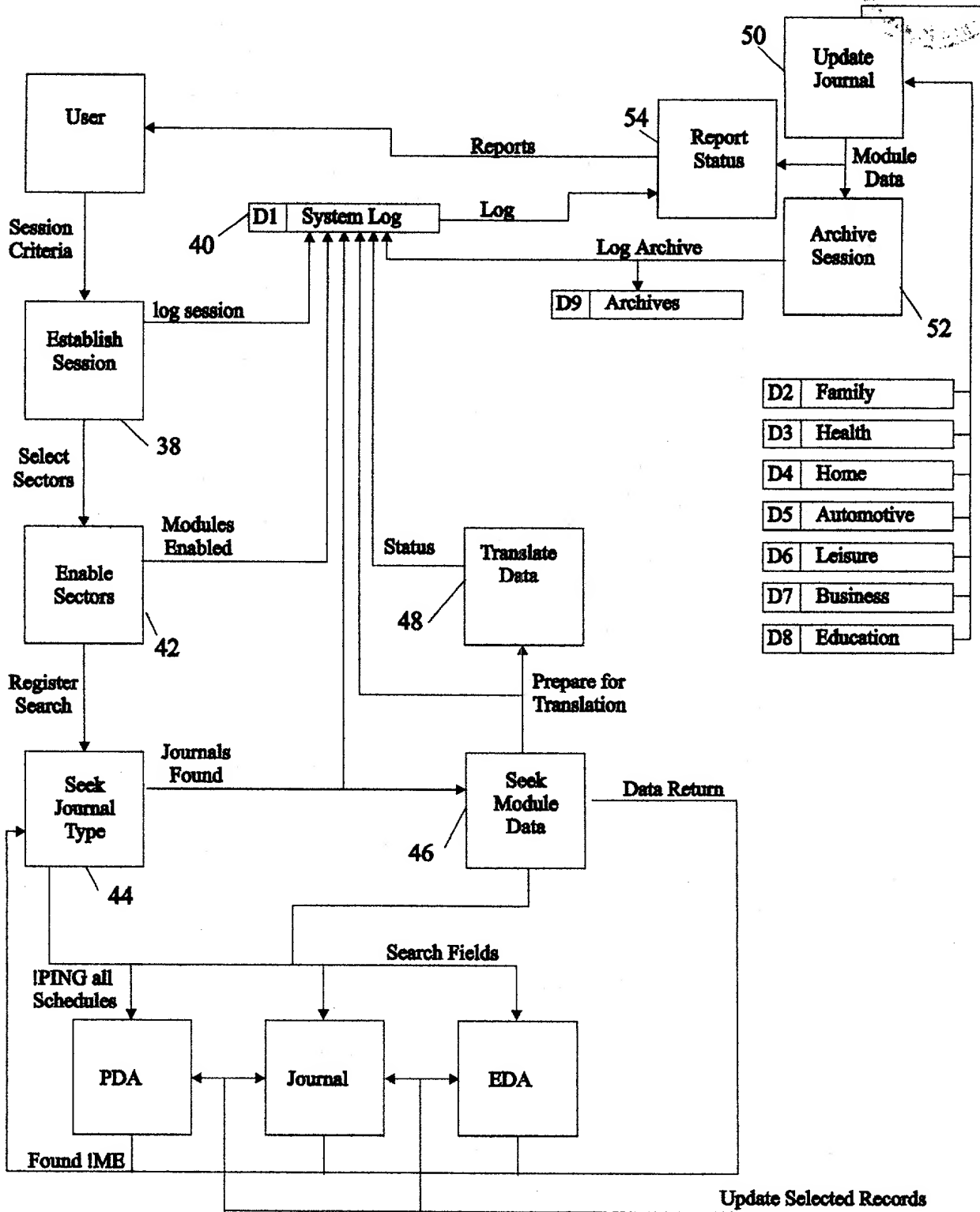


Figure3

Personal/Family/Friends

Name: _____
(Last) (First) (M.I.)

Relationship _____

Address: _____
(Street)

(Apt./Bldg.)

(City) (State) (Zip)

Work/School Telephone Number: _____

Address of Work/School: _____

Home Telephone Number: _____

Home Fax Number: _____

Work/School Fax Number: _____

Mobile Number: _____

E-mail address at Work/School: _____

E-mail address at Home: _____

Contact Person at Work/School: _____

Title of Contact Person at Work/School: _____

Additional Contact Personnel: ☐ Yes ☐ No

Special Interest of individual: _____

Date of Birth: _____

Advance Reminder of Birthday: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

To Do List for Special event/Birthday: _____

Additional items for the to do list: ☐ Yes ☐ No

Fig. 4a

Personal/Family/Friends

Friends/Associates/Businesses/Caterer to contact for event

Name: _____
(Last) (First) (M.I.)

Relationship/Title _____

Address: _____
(Street)

(Apt./Bdlg.)

(City) (State) (Zip)

Others Associated with Special Event : ☐ Yes ☐ No

Dates of Other Special events: _____

Advance Reminder of Special Event: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

To Do List for Special event: _____

Additional items for the to do list: ☐ Yes ☐ No

Friends/Associates/Businesses/Caterer to contact for event ☐ Yes ☐ No

Name: _____
(Last) (First) (M.I.)

Relationship/Title _____

Address: _____
(Street)

(Apt./Bdlg.)

(City) (State) (Zip)

Others Associated with Special Event : ☐ Yes ☐ No

Other Special Events: ☐ Yes ☐ No

Fig. 4b

Personal/Family/Friends

Reason for Appointment: _____

Date of Appointment: _____

Appointment with (Name): _____

Pertinent Address for Appointment _____

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Additional Appointment: ☐ Yes ☐ No

Groups/ Associations _____

Contact Person at Group/Association: _____

Title of Contact Person at Group/Association: _____

Address: _____

Telephone Number of Contact Person: _____

Additional Contact Personnel: ☐ Yes ☐ No

Member of Group/Association: _____

Address: _____

Telephone Number of Member _____

Additional Member: ☐ Yes ☐ No

To do: _____

Additional Items to be added to The To Do List:

☐ Yes ☐ No

Fig. 4c

Health and Nutrition

Health Care Provider: _____

Health Care Provider's Speciality: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail address: _____

Office Personnel: _____

Title of Office Personnel: _____

Telephone Number of Office Personal: _____

Fax Number of Office Personal: _____

Additional Office Personal: ☐ Yes ☐ No

Billing Information: _____

Additional Physician: ☐ Yes ☐ No

Height: _____ Weight: _____

Blood Pressure: _____

Cholesterol: _____

Other: _____

Other Vital Statistics: ☐ Yes ☐ No

Fig. 5a

56b

Health and Nutrition

Medication: _____

Reason for taking Medication: _____

Length of Time for Prescription: _____ days
_____ weeks
_____ months

Amount Taken: _____ pills per day.

Daily Intervals: _____ pills every _____ hours

Number of pills left after taking today's dose: _____

Advance Reminder for Refill of Medication: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Additional Medication ☐ Yes ☐ No

Fig. 5b

56b

Health and Nutrition

Date of Appointment: _____

Purpose of Appointment _____

Pertinent Address for Appointment _____

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Purpose of Appointment _____

Advance Reminder of Appointment: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) ☐ Yes ☐ No

Regular visits occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Visit ☐ Yes ☐ No

Re-Schedule appointment _____ days in advance.
_____ weeks
_____ months

Additional Appointment: ☐ Yes ☐ No

Fig. 5c

56b

Home and Yard Maintenance

Inspection/Appointments Needed For Home or Item or Equipment needing Maintenance (i.e. termite inspection, heating/cooling maintenance): _____

Date of Inspection/Appointment: _____

Address for Company Conducting Inspection/Appointment:

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) ☐ Yes ☐ No

Regular visits occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Visit ☐ Yes ☐ No

Re-Schedule appointment _____ days in advance.
_____ weeks
_____ months

Additional Appointment/Inspection or item or equipment needing maintenance: ☐ Yes ☐ No

Fig. 6

56c

Vehicle Planning

Inspection/Service Needed For Vehicle or
Service provided for vehicle: _____

Date of Service/Appointment: _____

Mileage of Vehicle _____

Date Mileage was taken _____

Address for Company Performing Inspection/Appointment:

Telephone for Appointment: _____

Fax for Appointment: _____

E-mail for Appointment: _____

Advance Reminder of Appointment/Service: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Visit (annual, monthly, biweekly, weekly appointment) ☐ Yes ☐ No

Regular visits occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Visit ☐ Yes ☐ No

Re-Schedule appointment _____ days in advance.
_____ weeks
_____ months

Additional Appointment/Inspection or item or equipment needing maintenance: ☐ Yes ☐ No

56d

Fig. 7

Entertainment/Recreational/Vacation

Date(s) of Event/Vacation: _____

Place of Event/Vacation _____

Pertinent Address for Event/Vacation _____

Telephone for Event/Vacation: _____

Fax for Event/Vacation: _____

E-mail for Event/Vacation: _____

Purpose of Appointment _____

Advance Reminder of Event/Vacation: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

To Do List for Vacation: _____

Additional items for the to do list: ☐ Yes ☐ No

Regular Event/Vacation/Retreat (annual, monthly, biweekly, weekly appointment)

Regular Event/Vacation/Retreat occur every:
_____ days
_____ weeks
_____ months

Re-Scheduling/Recipitate ☐ Yes ☐ No

Re-Schedule event _____ days in advance.
_____ weeks
_____ months

Remind of re-scheduling/recipitation on: _____ days in advance
_____ weeks in advance
_____ months in advance

Fig. 8

56e

Business/Professional

Name: _____
(Last) (First) (M.I.)

Title _____

Address: _____
(Street)

(Apt./Bdlg.)

(City) (State) (Zip)

Work Telephone Number: _____

Address of School: _____

Home Telephone Number: _____

Home Fax Number: _____

Work Fax Number: _____

Mobile Number: _____

E-mail address at Work _____

E-mail address at Home: _____

Contact Person at Work: _____

Title of Contact Person at Work: _____

Additional Contact Personnel: ☐ Yes ☐ No

Date of Meeting/Conference: _____

Reason for meeting/Conference: _____

Advance Reminder of Meeting/Conference: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular meeting/conference(annual, monthly, biweekly, weekly appointment)

☐ Yes ☐ No

Regular meeting/conference occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Meeting/Conference ☐ Yes ☐ No

Re-Schedule Meeting/Conference _____ days in advance.
_____ weeks
_____ months

Fig. 9a

Business/Professional

To Do List for Meeting/Conference: _____

Date of Report/Presentation: _____

Reason/Title for Report/Presentation: _____

Advance Reminder of Due date for Report/Presentation: ☐ Yes ☐ No

Remind on: _____ days in advance
_____ weeks in advance
_____ months in advance

Regular Report/Presentation(annual, monthly, biweekly, weekly appointment)
☐ Yes ☐ No

Regular Report/Presentation occur every: _____ days
_____ weeks
_____ months

Re-Scheduling Needed of Regular Report/Presentation ☐ Yes ☐ No

Re-Schedule Report/Presentation _____ days in advance.
_____ weeks
_____ months

To Do List for Report/Presentation: _____

Additional Report/Presentation: ☐ Yes ☐ No

Fig. 9b

56h

Education/Sports/Extra-curricular Activities

Student _____
 (Last) (First) (M.I.)

Relationship _____

Address: _____
 (Street)

(Apt./Bdlg.)

(City) (State) (Zip)

School Telephone Number: _____

Address of School: _____

Student's Telephone Number: _____

Student's Fax Number: _____

Student's Mobile Number: _____

E-mail address Of Student: _____

Fax Number of School: _____

E-mail address at School: _____

Student's Teacher Name: _____

Subject teaching: _____

Additional Teachers: ☐ Yes ☐ No

Recreational Activity: _____

Daily Scheduling of Recreational Activity ☐ Yes ☐ No

Scheduling occurs at _____ every _____

Advance Reminder of Recreational Activity: ☐ Yes ☐ No

Remind on: _____ days in advance
 _____ weeks in advance
 _____ months in advance

Additional Activities: ☐ Yes ☐ No

Date of a meeting Pertinent to Student: _____

Reason for meeting: _____

Advance Reminder of Meeting: ☐ Yes ☐ No

Remind on: _____ days in advance
 _____ weeks in advance
 _____ months in advance

Additional Meetings: ☐ Yes ☐ No

Additional Students: ☐ Yes ☐ No

Fig. 10

Welcome, please enter your identification code: ****

Fig. 11

60

Please identify what you wish to accomplish:

- ☐ Retrieve daily calendar
- ☐ Retrieve weekly calendar
- ☐ Retrieve monthly calendar
- ☐ other

Fig. 12

62

Enter days needed:

Month (Day) From To Year

Print ☐ yes ☐ no

Fig. 13

64

2020-04-23-050



Daily Events		Date:
		Weekday:
Hour	Appointment	
8 AM		
9 AM		
10 AM		
11 AM		
Noon		
1 PM		
2 PM		
3 PM		
4 PM		
5 PM		
6 PM		
7 PM		
8 PM		
Notes:		

Fig. 14

Activity to Perform:

- ☐ Add data
- ☐ Correct, change or delete data
- ☐ Retrieve address/phone numbers
- ☐ Retrieve Birth dates/Special Event
- ☐ Retrieve specific data on self/spouse/sibling/family/friends
- ☐ Appointment information
- ☐ Specific "To Do List"

Type in item needed

Fig. 15

66

Type in module name

Fig. 16

68

Date of Appointment:

Jan. 2, 2002

Fig. 17

70

Person/Place of appointment:

Dr. John Smith

Fig. 18

72

Purpose of Appointment

Physical

Fig. 19

74

Advance Reminder of Appointment: ☒ Yes

☐ No

Fig. 20

76

Remind on:

days in advance

1 weeks in advance

months in advance

Fig. 21

78

Regular Visit (annual, monthly, biweekly, weekly appointment) ☒ Yes ☐ No

Fig. 22

80

Regular visits occur every: ☐ days
☐ weeks
☒ 12 months

Fig. 23

82

Re-Scheduling Needed of Regular Visit ☒ Yes ☐ No

Fig. 24

84

Re-Schedule appointment ☐ days
☐ weeks
☒ 3 months in advance.

Fig. 25

86

Additional Appointment: ☐ Yes ☒ No

Fig. 26

88

2044210" 4352560

Go to main Menu

☐

Yes

☒

No

Fig. 27

90

Exit Time Management System:

☒

Yes

☐

No

Fig. 28

92

2025-10-10 14:00:00